

MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2009*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
STANDARD PLAN	3	985.30	2459.40
STATE MAINTENANCE PLAN (SMP)	1	609.70	1520.80
ANTHEM BCBS NORTHEAST	1	609.50	1520.10
ANTHEM BCBS NORTHWEST	2	711.80	1775.80
ANTHEM BCBS SOUTHEAST	1	654.50	1632.60
ARISE HEALTH PLAN	1	609.70	1520.60
DEAN HEALTH PLAN	1	524.80	1308.30
GHC OF EAU CLAIRE	1	692.10	1726.60
GHC OF SOUTH CENTRAL WISCONSIN	1	521.90	1301.10
GUNDERSEN LUTHERAN HEALTH PLAN	1	633.80	1580.80
HEALTH TRADITION HEALTH PLAN	1	639.60	1595.30
HUMANA EASTERN	1	681.10	1699.10
HUMANA WESTERN	1	647.40	1614.80
MEDICAL ASSOCIATES HEALTH PLAN	1	517.40	1289.80
MERCYCARE HEALTH PLAN	1	508.50	1267.60
NETWORK HEALTH PLAN	1	585.00	1458.80
PHYSICIANS PLUS--MERITER & UW HEALTH	1	532.70	1328.10
SECURITY HEALTH PLAN	1	671.10	1674.10
UNITEDHEALTHCARE NE	1	590.40	1472.30
UNITEDHEALTHCARE SE	1	641.80	1600.80
UNITY COMMUNITY	1	613.30	1529.60
UNITY UW HEALTH	1	531.60	1325.30
WPS METRO CHOICE	1	661.80	1650.80
*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.			